## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kevin Michael Ruppelt et al.	: : Art Unit: 3624				
Serial No.:	09/480,589	:				
Filed:	January 10, 2000	: Examiner: Lottis	, Johnna Ronee			
For:	Method, System and Program Product for On-Line Service Call Scheduling	: : :				
P.O. Box 1	oner for Patents					
	TRANSMITT	AL				
Tra	ansmitted herewith is: ansmittal (3 pages) equest for Reconsideration After Final Rej	ection (19 pages)				
	STATUS					
2. Ap	oplicant claims small entity status. is other than a small entity.					
	EXTENSION OF	TERM				
	e proceedings herein are for a patent applic	cation and the provision	ons of 37 C.F.R. 1.136			
арр	(complete (a) or (	b), as applicable)				
(a)	Applicant petitions for an extention (Fees: 37 C.F.R. 1.17(a)-(d) f					
	Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)			
	first month	\$ 130.00	\$ 65.00			
	second month	\$ 490.00	\$ 245.00			
	third month	\$ 1,110.00	\$ 555.00			
	fourth month	\$1,730.00	\$ 865.00			

		fif	th month		\$2,350.00	\$1,	175.00
					Fee:		\$
If an	additional e	extension of	time is requ	ired, please	consider this a pet	ition 1	therefor.
		(Ch	eck and comple	ete the next it	em, if applicable)		
		therefor:		ducted fron	nas already been seen the total fee due		<del>-</del>
		Exten	sion fee due	with this re	equest \$		
				(	OR		
•		conditional p	etition is be	ing made to	n of term is required to provide for the po ked the need for a p	ssibil	lity that
			FEE F	OR CLAIN	MS		
. The fee for claims  (Col. 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		claims (37 C	C.F.R. 1.16(b (Col. 2)	(Col. 3)	peen calculated as s	hown	below: OTHER THAN SMALL ENTITY
		VT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$26.00 = \$ $x $110.00 = $$		x \$52,00 = \$ x \$220.00 = \$
	FIRST PRES		MULTIPLE DEP. (	CLAIM	+\$195.00 = \$		+ \$390.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a) [>	☑ No addi	tional fee fo	r Claims is			
	(b) [	☐ Total ad	lditional fee	OR for claims	required \$		
	(0)						
5.	Δ++-	ached is a ch	reck in the si	PAYMEN'			
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		F - D - 1			от ф.		

## FEE DEFICIENCY

6.	$\boxtimes$	If any additional extension and/or fee is required, charge Deposit Account No 01-2384.	
		AND/OR	
	$\boxtimes$	If any additional fee for claims is required, charge Deposit Account No. 01-2384.	
7.		Other:	
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